FORM D

RECEIVED

IUN 0 5 2002

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per response . . . 16.00

SEC USE ONLY				
Prefix I	Serial			
DATE RECEIVED				

Name of Offering (theck if this is an amendment and name has changed, and indicate change.) NextSet Software Inc. Filing Under (Check box(es) that apply): ☐ Rule 504 Rule 505 **2** Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: ☐ New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) NextSet Software Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business

Type of Business Organization Corporation	☐ limited partnership, already formed	Other (please specify):	PROCESSE		
☐ business trust	☐ limited partnership, to be formed		UN 1 9 200		
Actual or Estimated Date of Inco Jurisdiction of Incorporation or C	rporation or Organization: Month Year Proporation or Organization: Organization: (Enter two-letter U.S. Postal Service CN for Canada; FN for other foreign	Actual	THOMSON FINANCIAL		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securisies of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: D Promoter D Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Parmer Full Name (Last name first, if Individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer D Promoter ☐ Director ☐ General and/or * . 9 70. Managing Partner Full Name (Last name first, if Individual) ... 2. / . . Business or Residence Address (Number and Street, City, State, Zip Codé) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director □. General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Promoter ☐ Director ☐ General and/or

(Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual)

Business or Residence Address

Managing Partner

			<u>. ශීලාර</u> ස්	Section 1	INFORM	ATRIM A	OUT OF	ERING	1	:	7.00	•	
l. Has	the issuer	sold, or o	loes the is	mer intend	i to sell, t	0 200-ecc	edited inve	stors in th	is offering	?	• • • • • • • •	Yes . O	No C
							m 2, if fili						
2. Wha	it is the m	inimum ir	vestment !	hat will b	e accepted	from any	individual	?			•••••	. S	•
											• • • • • • • •	Yes	No
							ill be paid o				av commi		_
sion to be list t	or similar : e listed is a he name o	remunerat in associat if the brok	ion for soli ed person er or deale	citation of or agent o er. If more	purchaser f a broker than five	or dealer in (5) person	ction with s registered v s to be list lealer only.	ales of secr with the SE ed are asso	rities in th	e offering. with a star	if a perso	73 13.	
Full Name	e (Last nat	me first, i	individua	i)	-	***							- ··
Business o	or Residence	ce Address	(Number	and Stree	t, City, St	ate, Zip C	ode)					<u> </u>	
Name of	Associated	Broker of	Dealer		·				. ,				-
			•				•						
States in \	Which Per	son Listed	Has Solic	ited or Int	ends to Se	olicit Purci	asers						
(Check	"All State	s" or chec	k individu	ai States)		·····	• • • • • • • • •	• • • • • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	□ All S	State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	1
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(MO)	-
[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ]. [TX]	(MM) (UT)	{NY} [VT]	[NC]	[ND] [WA]	(OH)	{OK} {WI}	[OR] [WY]	[PA] [PR]	_
Business o	r Residenc	e Address	(Number	and Street	, City, Str	ue, Zip Co	ode)						م ر المح جور
Name of A	Associated	Broker or	Desier						· \			<u></u>	
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to So	olicit Purch	asers			·			
			k individu			• • • • • • • • •						□ All	State
[AL]	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	מון	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	(MS)	(MO	1
[MT] [Ri]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
		(SD)	[TN]	[XI]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	<u> </u>
. 42 1/41/6	(Last nan	ne ilizi, ji	individua	()									
Rusiness	Paridon		(h) b	- 16:	~ · ·	. 7. 6							
	, vergend	e Maaress	(Number	and Street	., City, 5ta	ite, Zip Co	oge)						
Name of A	Associated	Broker or	Dealer		•								
States in \	Which Per	ton Lierad	Has Solic	ited or I	ends to Sa	licit Dura	725555						
			:k individu		ena 10 90	Julia Fuici	. 123vi 3					~ ."	Conn
[AL]	[AK]	[AZ]	[AR]	[CA]	{CO}	[CT]	[DE]	[DC]	[FL]	[GA]		□ All [ID	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	{ HI } [MS]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	-	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	(WI)	(WY)	[PR	

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Offering is a partial exchange. Each sale wi consist of a sale for cash plus an exchange of equal value.			
	Type of Security	Aggregate Offering Price	A	amount Aiready Sold
	Debt		2	
	Equity	255,000	2 (0
	☐ Common ☐ Preferred			
	Convertible Promissory Note Convertible Securities (including warrants) relating to Preferred Shares.	\$18,500,000) s	5,097,000
	Partnership Interests	<u></u>	\$	
	Other (Specify)	\$	S.	
	Total	18,755,000	, ,	5,097,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		. Aggregate Jollar Amount
		Investors		of Purchases
	Accredited Investors		S.	5,097,000
	Non-accredited Investors		\$.	
	Total (for filings under Rule 504 only)		S.	·
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		_	
	Type of offering	Type of Security	ט	oliar Amount Sold
	Rule 505		S.	
	Regulation A		S	
	Rule 504		2	
	Total		\$	
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		2	0
	Printing and Engraving Costs		\$	0
	Legal Fees		_	5,000.00
	Accounting Fees.		S	0
	Engineering Fees		\$, 0
	Sales Commissions (specify finders' fees separately)			0
	Other Expenses (identify)		_	0
	Total	_	-	5,000.00

C. OFFERING PRICE NUMBER OF INTESTORS EXPENSES AND USE OF PROCEEDS

_		Separate Sale and Continue Separate Sep				
	C OFFERING THE NUMBER	CE DE INVESTORS, DECENSES AND	USE	OF PROCEED	5	
•	b. Enter the difference between the aggregate of tion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	Part C - Question 4.a. This difference	is the	•	s 18	3,750,00
5.	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the amo estimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth) · 				
	and any parties proceeds to the insider set forth	i in response to Part C - Question 4.0 a	bove.	Payments to	٠.	
	·			Officers, Directors, & Affiliates	,	others
	Salaries and fees				□ s	
	Purchase of real estate					
	Purchase, rental or leasing and installation of	machinery and equipment	a s		-2 -	
•	Construction or leasing of plant buildings and	i facilities			a s	
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e assets or securities of another	п.			
	Repayment of indebtedness					
						· · · · · · · · · · · · · · · · · · ·
	Working capital					
•	Other (specify):				□ S	
					D S	
	Column Totals					,750,000
	Total Payments Listed (column totals added)				,750,0	
· 8.4°	No Company of the Com	D: FEDERAL SIGNATURE				
The	issuer has duly caused this notice to be signed by owing signature constitutes an undertaking by the st of its staff, the information furnished by the is	the undersigned duly authorized person issuer to furnish to the U.S. Securities a	nd Ex	change Commis	tion, upor	written re-
	er (Print or Type)	Signature		Date	1, 1	
	extSet Software Inc.	1 Seles Milly eglo		5	14/02	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)			<u> </u>	
F	elix McKnight	Secretary \(\sum_{\text{out}} \)				

-ATTENTION

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

10 10 10 10 10 10 10 10 10 10 10 10 10 1	ESTATE SIGNATURE						
Is any party described in 17 CFR 230.262 of such rule?	presently subject to any of the disqualification p	rovisions Yes No					
Sec	Appendix, Column 5, for state response.						
The undersigned issuer hereby undertakes to Form D (17 CFR 239.500) at such times as	o furnish to any state administrator of any state is required by state law.	n which this notice is filed, a notice on					
 The undersigned issuer hereby undertakes to issuer to offerees. 	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
limited Offering Exemption (ULOE) of the	ssuer is familiar with the conditions that must be state in which this notice is filed and understands ishing that these conditions have been satisfied.						
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true and has duly caused this n	otice to be signed on its behalf by the					
Issuer (Print or Type)	Signature	Date					
NextSet Software Inc.	the My My all	5/4/02					
Name (Prim or Type) Felix McKnight	Title (Print or Type) Secretary						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.